

UNITED STATES DISTRICT COURT

for the

Middle District of North Carolina

COMPUFILL, LLC

Plaintiff

v.

DELHAIZE AMERICA, LLC.

Defendant

Civil Action No. 1:13-cv-137

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* DELHAIZE AMERICA, LLC
C/O: Corporation Service Company
327 Hillsborough St.
Raleigh, NC 27603

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Susan Freya Olive
Olive & Olive, P.A.
500 Memorial St.
P.O. Box 2049
Durham, NC 27702

Darrell G. Dotson
Stevens Love
222 N. Fredonia St.
Longview, Texas 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



John S. Brubaker
Clerk

/s/ Leah Garland
Deputy Clerk

February 15, 2013
Date

Civil Action No. 1:13-cv-137

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Delhaize America, LLC
was received by me on (date) 2/15/2013.

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
on (date) _____; or

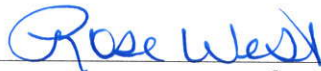
☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Served by certified mail, RRR 7012 2210 0001 6242 5409 upon
registered agent Corporation Service Company, 327 Hillsborough
St., Raleigh, NC 27603 on 2/22/2013.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 3/1/2013



Server's signature

Rose West, Legal Assistant

Printed name and title

222 N. Fredonia St., Longview, TX 75601

Server's address

Additional information regarding attempted service, etc:

7012 2210 0001 6242 5409

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL <i>Delhaize</i>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	8.77
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+	
Delhaize America, LLC c/o Corporation Service Company 327 Hillsborough St. Raleigh, NC 27603	
PS Form 3800, A	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Delhaize America, LLC c/o Corporation Service Company 327 Hillsborough St. Raleigh, NC 27603		B. Received by (Printed Name) <i>[Signature]</i> Date of Delivery <i>[Signature]</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7012 2210 0001 6242 5409

102595-02-M-1540